



Request for a Confidential Communication (Ask to Receive Your Healthcare Information at Another Address)

Complete this form to:

- Ask to get mail or phone calls at locations other than your home (also known as a "confidential communication"),
- Change or remove a prior confidential communication request, or
- Ask to get your protected health information (PHI) in a different way.

This request applies only to communications related to services provided by **OptumRx Home Delivery Pharmacy**. We will accommodate reasonable requests. Please complete each section below. Forms submitted with incomplete information, insufficient legal authority, or signed by the incorrect individual may be denied or result in processing delays.

Call customer service at the telephone number located on your health or pharmacy benefit plan ID card to:

- Request an initial confidential communication verbally
- Update general account information, including standard address and phone number changes (you can also update your contact information using your online account at www.optumrx.com)
- Opt-out of communications
- Ask questions about this form

Once a confidential communication is in place, we will send written materials to the alternative address and/or call you at the alternative phone number you supplied. We will continue to use this alternative contact information until you tell us not to in writing; you will not be able to update your information through the usual enrollment/eligibility process and you must submit a change or revoke request via this form.

For assistance redirecting healthcare information not managed by OptumRx or updating the address or phone number on file with your plan, contact that entity directly.

Submitting a Request on Behalf of Another Individual

Please have the **member** sign and submit the request if:

1. you are not the legal representative, OR
2. the individual is 12 or older, and the records may relate to sensitive health information, such as mental health, substance use, HIV/AIDs, STD, pregnancy, or reproductive health.

If you qualify as a legal representative, you are required to attach supporting documentation:

- **Power of attorney, Court Order, or another valid document**
- **HIPAA authorizations do not establish legal authority and are not sufficient to submit a request through this process**

Return the completed form via

Fax: 888-371-7011

Mail: OptumRx Privacy Office, 2300 Main Street, MS: CA134-0304, Irvine, CA 92614

Section 1: Requestor information & contact details

I am submitting this request for my:

- Self Minor child
 Someone else (describe relationship) _____

Preferred contact for questions:

() | () | _____
Home Phone Cell Phone Email Address

Section 2: Member whose information is being requested

_____|_____|_____
First Name Middle Initial Last Name

_____|_____
Date of Birth Phone Number

Address

_____|_____|_____
City State ZIP Code

Section 3: Legal representative (Required if requestor is not the member)

_____|_____|_____
First Name Last Name Phone

Relationship to member Parent or legal guardian (describe relationship) _____
 *Someone else (describe relationship) _____

**Attach supporting documentation*

Section 4: Confidential Communication Requested

Would you like to create a new request or change or revoke an existing request?

- New request (provide details below)
- Update existing request (provide details below)
- Revoke existing request - I understand that by revoking this request all future communications will be directed to the original contact information on file.

Please indicate the new address and/or phone number where you would like to receive communications from OptumRx, or state the alternative means you would like OptumRx to use when communicating with you (if applicable). We will accommodate reasonable requests.

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Phone Number

Address

City

State

ZIP Code

Describe alternative means

Section 5: Select where to receive a response (Select only one option)

Send a response to the requestor (member or legal representative) in the following format:

- Option 1:** PDF sent by secure email to the address below (complete if different from Section 1)

Email Address

- Option 2:** Paper copy sent in the mail to the address below (complete if different from Section 2)

Address

City

State

ZIP Code

Section 6: Member or Legal representative's signature

I want OptumRx to communicate with me (as applicable) at the location or in the manner identified above.

Member or legal representative's signature

Date (MM/DD/YYYY)